

Locality/FIPS _____ Case # _____ Date Application Received _____ Worker # _____

COOLING ASSISTANCE APPLICATION*Applications accepted from June 15 through August 15*PLEASE ANSWER ALL QUESTIONS COMPLETELY

In what city or county do you live? _____

PART IName _____ SEX: M F Are you Hispanic or Latino? YES NO

Last

First

Middle Initial

Race (Circle One) **1.** White **2.** Black or African American **3.** American Indian or Alaskan Native **4.** Asian **5.** Native Hawaiian or other Pacific Islander **0.** Other

Service Address _____ City/State _____ Zip _____ Day Phone: _____

Mailing Address _____ City/State _____ Zip _____ Home Phone: _____

Directions to home _____ Email Address _____

PART II**1.** What is your cooling need? (Check all that apply) **A.** Pick up portable fan **B.** Purchase/install window air conditioner Do you have at least one working air conditioner in your home? YES NO (You cannot receive a window air conditioner if you already have a working air conditioner of any type in your home. The local agency may call you or visit your home to confirm you do not have a working air conditioner.) **C.** Repair central air conditioner or heat pump **D.** Payment of electric deposit **E.** Purchase/install ceiling, attic or whole house fan **F.** Repair ceiling, attic or whole house fan **G.** Payment of electric bill **H.** Self-pick-up/install window air conditioner**2.** Circle the letter that best describes your present living situation. Read each one before you choose. Circle only one.**A.** I own or am buying my home and pay all cooling bills.**G.** I live in Section 8 housing, HUD, subsidized housing, & regularly pay some or all of my cooling bills.**B.** I own or rent my home and do not pay a cooling bill.**I.** I live in one room in someone else's house.**C.** I pay rent and also pay for cooling separately.**L.** I live in an institution, group home, treatment center or home for adults.**E.** I pay rent & my cooling is included in the rent payment.**P.** I live rent-free in more than one room, house or apartment and pay for heat/cooling.**F.** I live in subsidized housing Section 8, HUD, Public Housing, and occasionally pay excess usage charges.**Q.** I live in an emergency shelter. I have arranged to move into a house, apartment or more than one room.**3.** Are all people in your household United States citizens? YES NO If no, who? _____ What is their Alien Status? _____**4.** Is anyone in your household disabled? YES NO If yes, who? _____**5.** How many people live in your household? # _____**List yourself first and every person living in the home. List the Social Security Number for everyone who lives in your home. Complete information for each person.**

NAME	RELATION TO PERSON ON LINE #1	SOCIAL SECURITY#	DATE OF BIRTH	WORKING		INCOME AMOUNT	INCOME PAID weekly, biweekly, semi-monthly monthly	LIST ALL SOURCES OF INCOME Employer for earned income, Self-employed, Social Security, SSI, Veterans benefits, Child Support, etc.
				Y	N			
	Self							

APPLICANT'S CERTIFICATION

I certify that the above statements and attachments are true and correct to the best of my knowledge. I will notify the Department of Social Services (DSS) within 5 days of any changes that occur in my situation. I understand that I or any member of my household cannot sell merchandise purchased on my behalf through the program unless the local DSS has granted permission to sell. Any benefits received must be used for the purpose approved. I may file a complaint if I feel I have been discriminated against because of my race, color, national origin, religion, sex, age, or disability. If I give false information, withhold information, fail to report changes promptly, or obtain assistance for which I am not eligible, I may be breaking the law and could be prosecuted for perjury, larceny and/or fraud. If I completed, or assisted in completing this application form and aided and abetted the applicant to obtain assistance for which he/she is not eligible, I may be breaking the law and could be prosecuted. I understand the DSS may use information on this application or that I may be contacted for the purposes of research, evaluation, and analysis to the extent allowed by state and federal law. My signature authorizes the DSS to obtain any verification to establish my household's eligibility for assistance or to give information in my case record to other organizations from which I have received or requested assistance. I understand that, by providing my energy supplier(s) account information, I am authorizing the energy supplier(s) to provide details about my account and energy use to the DSS for the purposes of program evaluation and analysis.